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PTO/SB/22 (12-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2005** 0505-1209P (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) 10/609,413-Conf. #9456 **Application Number** Filed July 1, 2003 CENTRIFUGAL CLUTCH Art Unit 3681 Examiner R. H. Bonck This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 120.00 Two months (37 CFR 1.17(a)(2)) \$450 \$225 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 \$ Four months (37 CFR 1.17(a)(4)) \$1590 \$795 Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$ Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. 28,380 Registration number if acting under 37 CFR 1.34 February 16, 2006 Signature Date (703) 205-8000 James M. Slattery Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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forms are submitted.

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